24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E) PAGE 1 OF 1 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC	C C00507517
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee Alliance Graphics	Date of Public Distribution/Dissemination
<u> </u>	08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1101 8th Street, Suite 100	Amount
City State Zip Code	1775.75
Berkeley CA 94710	Transaction ID : SE.14705 Date of Disbursement or Obligation
Purpose of Expenditure Printing Categor Typ	ry/
Name of Federal Candidate	Support Office Sought: House District: 00
THOM R TILLIS	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 11108.99	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
NGP VAN	08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1101 156h Street, NW Amount	
City State Zip Code	9333.24
Washington DC 20005	Transaction ID : SE.14704 Date of Disbursement or Obligation
Purpose of Expenditure Phone Minutes Categor Typ	
Name of Federal Candidate	Support Office Sought: House District: 00
THOM R TILLIS	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 9333	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	11108.99
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	11108.99
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Becky Bond [Electronically Filed	1) Date 08 15 2014
Signature	